



City of Newport, Rhode Island
APPLICATION FOR EMPLOYMENT

Division of Human Resources
City Hall – 43 Broadway
Newport, RI 02840-2792

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or any other legally protected status.

(PLEASE PRINT IN INK)

Position(s) applied for _____ Full Time ☐ Part Time ☐
Seasonal ☐ Temporary ☐
Were you previously employed by the City? Yes ☐ No ☐ If yes, when? _____
If your application is considered favorably, on what date will you be available for work? _____

PERSONAL INFORMATION

Name _____ Social Security No. _____
LAST FIRST MIDDLE
Present Address _____ Telephone No. (____) _____
NO. STREET APT. NO.
CITY STATE ZIP

Are you a U.S. Citizen? Yes ☐ No ☐ If no, do you have a working permit? Yes ☐ No ☐
(Proof of citizenship or immigration status will be required upon employment.)
Are you presently employed? Yes ☐ No ☐ If yes, may we contact your present employer? Yes ☐ No ☐

Have you ever been convicted of a crime? Yes ☐ No ☐

If so, please explain: _____
(Criminal convictions will not necessarily disqualify an applicant from employment, but will be considered in relation to specific job requirements.)

Do you possess a valid RI driver's license? Yes ☐ No ☐ If yes, which class? _____

Has your driver's license ever been suspended? Yes ☐ No ☐ If yes, explain _____

EDUCATIONAL RECORD

	High School	College/University	Graduate/Professional/Trade
School Name & Location			
Diploma/Degree			
Year Graduated			
Honors Received			
Describe Course of Study			

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes ☐ No ☐ If so, what branch? _____

Are you a U.S. Veteran? Yes ☐ No ☐ (please attach a copy of your DD-214)

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

1. Name/Address of Employer	FROM		TO		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	\$	\$		
	Position Held _____ Describe Duties:							
Tel. ()								
2. Name/Address of Employer	FROM		TO		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	\$	\$		
	Position Held _____ Describe Duties:							
Tel. ()								
3. Name/Address of Employer	FROM		TO		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	\$	\$		
	Position Held _____ Describe Duties:							
Tel. ()								
4. Name/Address of Employer	FROM		TO		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	\$	\$		
	Position Held _____ Describe Duties:							
Tel. ()								

BUSINESS/WORK RELATED REFERENCES

Name and Occupation	Address/Company	Phone Number

APPLICANT'S STATEMENT

PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING THIS APPLICATION

I certify that the information contained in this application contains no misrepresentation or falsification and is true and complete to the best of my knowledge and belief. I understand that any false statements knowingly made may be cause for disqualification in examination, removal from eligibility register and removal from public service if appointed.

Applicant Signature

Date

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER